



Alberta Home Visitation
Network Association

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In this issue

Message from the Provincial Director

Using the *Home Visit Rating Scales* to Improve Home Visitation Programs

Why We Visit: 12 Essential Elements

Strengthening Families

One Agency's Experience with Great Kids, Inc.

Opening the Door: Screening for Family Violence

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Home Visitation in Alberta

Over the past eighteen years the Alberta Home Visitation Network Association has provided support and training for provincially funded home visitation programs. As a nonprofit charitable organization, we have a membership that extends beyond the provincially funded home visitation programs to include other programs working with families with children 0 – 6 years of age and/or offering home visitation.

One definition of home visitation is that programs provide in-home parenting education and family support services, with the goal to help improve parenting skills and to provide a safe and nurturing environment for children, reducing the need for child intervention services. Families are screened for the program as early as possible, ideally prenatally or before their child is three months old. Families who may have risk factors may be screened in with children up to age of three. Referrals are made by public health nurses, social workers and other social service providers or self-referral.

In 2018 – 19, over 3300 families received home visitation services in Alberta. Approximately 23 per cent of the families self-identified as First Nations, Metis, or Inuit and 23 per cent self-identified as new to Canada.

In a recent survey parents commented that the home visitation program:

- Helped my family so much. They gave us information, referrals, and parenting programs supports.
- Helped me take care of myself so I can take care of my kids better.
- Helped me manage my stress level.

- Helped me make progress on my goals of parenting and problem solving with a new baby, learning baby cues and working through the transition to parenthood with my husband.
- The program has really helped me to feel more confident with being a parent.
- Staff are skilled, helpful and professional. I don't think I could parent as effectively as I am without this program.

Comments like these demonstrate the importance of providing ongoing support for parents as they navigate the parenting journey. If they receive supports early, they are more likely to establish healthy coping skills and have increased understanding of their child's development. Home visiting works effectively through the parent to the child.

When we have children who have a healthy beginning, they have a foundation that will help them as they enter school and tackle other milestones in their life.

Some of the evidence-based tools and models outlined in this issue are used in home visitation programs to provide feedback to parents about the things they are doing that will support their child's development and growth. Other tools provide the foundation for best practices in home visitation.

“At the end of the day the most overwhelming key to a child's success is the positive involvement of parents.” – Jane D. Hull ■

Lavonne Roloff is the provincial director of the Alberta Home Visitation Network Association (AHVNA).



Using the *Home Visit Rating Scales* to Improve Home Visitation Programs: A Brief Overview

by Mark S. Innocenti and
Lori A. Roggman

We developed the *Home Visit Rating Scales* (Roggman et al., 2019) with input from practitioners and supervisors in various home visitation programs. It reflects aspects of home visiting supported by the research literature across multiple evidence-based home visitation program models serving typically developing children or children with disabilities. The ratings provide professional development feedback to home visiting practitioners and their coaches, and to supervisors and program leaders, for continuous quality improvement in home visitation programs. The psychometric properties of the Scales support their use in research and evaluation (Roggman et al., 2016, 2019).

The *Home Visit Rating Scales* is an observational measure of home visitation. Four practice scales, all related to better home visitation outcomes, are observed: 1) Home Visitor Relationship with the Family, 2) Home Visitor Responsiveness to the Family, 3) Home Visitor Facilitation of Caregiver-Child Interaction, and 4) Home Visitor Collaboration with the Family. The family's engagement during the home visit is also observed, specifically considering caregiver-child engagement, caregiver engagement, and child engagement.

The *Home Visit Rating Scales* are designed for observing a trained professional or para-professional meeting with an individual family, in the family's home, with a goal of encouraging caregiver-child interactions that support child and family development and well-being. The Scales are particularly appropriate for home visiting programs with a developmental, culturally responsive approach to home visiting. This

approach emphasizes child development and family well-being by supporting caregiver-child relationships, respecting family values and cultures, and recognizing and building on family strengths. Developmental home visiting engages caregivers in supporting children's early social, emotional, language, cognitive, and physical development in ways that are mutually enjoyable and adapted to the family's strengths and interests. For detailed descriptions of the practices measured by the *Home Visit Rating Scales* see, *Developmental Parenting: A Guide for Early Childhood Practitioners* (Roggman, Boyce, & Innocenti, 2008).

The *Home Visit Rating Scales* were originally developed for home visiting programs wanting to improve the quality and impact of their home visits. The psychometric properties of the measure make it appropriate for home visiting research. However, the Scales are especially useful to guide professional development activities for home visiting programs wanting to improve home visit quality by increasing practices that lead to better caregiver and child outcomes.

The Scales are best used by supervisors or coaches who work together with home visitors as partners in a relationship-based, strengths-based, developmental, collaborative process. This process parallels how effective home visitors interact with caregivers, and how developmentally supportive caregivers interact with children. We call this approach to supporting home visitors "developmental supervision." Developmental supervision combines reflective practices of talking about families and feelings with coaching practices of observing home visits and providing positive feedback. A supervisor or coach supports home visitors' professional development by working

together to identify the strengths of the work, share their reflections about the meaning of and feelings about the work, state achievable improvement goals, define indicators of improvement, and celebrate developmental steps toward goals. Reflective practices are used for talking about data from the *Home Visit Rating Scales* and other data (family attendance, caregiver-child interaction quality, child development outcomes) in relation to the program's intended goals and strategies (Roggman et al., 2008, ch. 2 & 9).

If you are interested in *Home Visit Rating Scales* training, please contact AHVNA for more information. See the special section on "Observing Home Visit Quality with the *Home Visit Rating Scales*" in the 2019 May/June issue (40(3)) of the *Infant Mental Health Journal* for additional research and commentary. ■

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Mark Innocenti and Lori Roggman are co-authors of "The Home Visit Rating Scales: Revised, restructured, and re-validated."

Why We Visit: 12 Essential Elements

by Marianne Symons

The early years are fundamental when it comes to building strong and healthy children. During this period of profound development and change, the brain is at its most vulnerable to the impact of relationships and experiences. And all of this happens within the context of a family. The quality of a child's early environment, and the availability of appropriate experiences at the right stages of development, are crucial in determining the strength or weakness of the brain's architecture. That, in turn, determines how well a child will be able to think and to regulate emotions (National Scientific Council on the Developing Child, (2007); IMPRINT, Fall 2010, p. 3).

According to the 2014 Early Childhood Inventory Report (EDI), only 46 per cent of children entering kindergarten in Alberta were developing appropriately in all major areas of development. Alarming, this means that 54 per cent of children are lagging behind. The developmental areas were related to social, emotional, physical, intellectual, and communication well-being. Providing families with resources to increase their capacity for positive parenting early on optimizes the opportunity for healthy child development and well-being. With the right inputs at the right times, the numbers need not stay the way they were in 2014.

In Alberta, home visitation is one of the protective resources in place for vulnerable children and families. Its focus on recognizing and strengthening protective factors and decreasing risk factors increases family resiliency. The philosophical foundation of home visitation services provided in Alberta is guided by a set of 12 research-based critical elements originally developed by Healthy Families America. The following core essential elements are fundamental to, embedded in, and integrated into the working practices of home visitation in our province:

1. Initiate services prenatally or at birth.
2. Use standardized screening and assessment tools to systematically identify and assess families most in need.
3. Offer services voluntarily and use positive outreach efforts to build family trust.
4. Offer services intensively with well-defined criteria for increasing or decreasing service over the long term.
5. Services should be culturally competent such that the staff understands, acknowledges, and respects cultural differences among participants; staff and materials used should reflect the cultural, linguistic, geographic, racial, and ethnic diversity of the population served.
6. Services should focus on supporting the parent as well as supporting parent-child interaction and child development.
7. At a minimum, all families should be linked to a medical provider to assure optimal health and development (e.g., timely immunizations, well-child care).
8. Services should be provided by staff with limited caseloads to assure that home visitors have an adequate amount of time to spend with each family to meet their unique and varying needs and to plan for future activities.
9. Service providers should be selected because of their personal characteristics (i.e., non-judgmental, compassionate, ability to establish a trusting relationship, etc.), their willingness to work in or their experience working with culturally diverse communities, and their skills to do the job.
10. Service providers should have a framework, based on education or experience, for handling the variety of situations they may encounter when working with at-risk families.
11. Service providers should receive intensive training specific to their role to understand the essential components of family assessment and home visitation.
12. Service providers should receive ongoing, effective supervision so that they are able to develop realistic and effective plans to empower families to meet their objectives; to understand why a family may not be making progress and how to work with the family more effectively; and to express their concerns and frustrations so that they can see that they are making a difference and in order to avoid stress-related burnout.

Throughout Alberta, the above-noted 12 critical service elements are facilitated further through strategic, timely, and family-focused interventions based on needs and identified risks. Fundamental to all of this is highly qualified staff, regular training, professional development, reflective and administrative supervision, and enabling policies.

Home visitation is a proven primary and effective early intervention strategy that increases family resiliency. It encourages and strengthens healthy social, emotional, and cognitive development of children within the context of their family. As Frederick Douglas, who escaped from slavery and spent the rest of his life campaigning for the equality of all people, put it: "It is easier to build strong children than to repair broken men."

That's why we visit. ■

Strengthening Families

by Rose Boersma

Celebrating and building on parent and family strengths, skills, and supports help children thrive! This is what protective factors are all about. *Well-Being and Resiliency: A Framework for Supporting Safe and Healthy Children and Families*, published by Children's Services, Government of Alberta in March 2019, prioritizes the Center for the Study of Social Policy's protective factors. The framework states: "Prevention programs provide services that build protective factors to prevent difficulties. Early intervention programs provide supports when difficulties are first identified, to strengthen protective factors and reduce the impact of risk factors." Protective factors prevent and/or aim to reduce the impacts of early adversity by promoting the development of well-being and resiliency.

The Center for the Study of Social Policy's Strengthening Families project defines **protective factors** as **conditions or attributes of individuals, families, communities, and the larger society that mitigate or eliminate risk and promotive factors as conditions or attributes that actively enhance well-being**. Families gain what they need to be successful when key protective and promotive factors are robust in their lives and communities. Home visitation programs proactively support and strengthen protective and promotive factors to ensure children and families are on a path that leads to healthy development and well-being.

Strengthening Families is a research-informed approach that can be applied to any interaction with parents, children, and families to assist families in the development of key protective factors. Strengthening Families is not a model, program, or curriculum; rather, it is an *approach* that contributes to positive child and family development. Strengthening Families has identified five protective factors, which benefit ALL families and are thus also promotive.



Here is a brief introduction to the five Strengthening Families Protective Factors*:

1. PARENTAL RESILIENCE

What it is:

Parent capacity to adapt and change during life stressors including the ability to form trusting relationships, problem-solve and plan when facing challenges, adversity, and trauma.

Parental Resilience means parents:

- Take care of themselves and ask for help when they need it.
- Feel good about themselves and hopeful about the future.
- Make plans for the future and how to handle challenging situations.
- Take time to enjoy their children and what they like about parenting.
- Don't allow stress to get in the way of providing loving care.

Home visitors can help build parental resilience by:

- Connecting research-based information to parent goals and needs.
- Helping parents to develop and enhance their self-esteem and ability to cope with stress.
- Helping parents break down goals into small-term actions. Assisting parents in exploring consequences to possible solutions/actions.
- Honouring each family's race, culture, language, history, and approach to parenting.
- Providing opportunities and support for families to serve as leaders and decision-makers.

2. SOCIAL CONNECTIONS

What it is:

Positive relationships with family, friends, and community members that provide emotional, informational, instrumental, and spiritual support.

Families build stronger social support systems by:

- Prioritizing relationships where they feel respected and appreciated.
- Accepting help.
- Offering help when they can.
- Learning to communicate and keep relationships strong.
- Connecting with different types of groups and organizations.

Home visitors can help strengthen social connections by:

- Assisting parents to value and build relationships with friends, family members, and others in the community they can turn to for support.
- Encouraging parents to be active in neighborhood and community groups.
- Helping isolated parents build social skills that will help them connect with others.

3. KNOWLEDGE OF PARENTING AND CHILD DEVELOPMENT

What it is:

An understanding of child development and knowledge of positive strategies that support children's physical, cognitive, language, and social-emotional development and inform parenting responses to children's challenging behaviours.

Learning about parenting and child development means caregivers:

- Know what to expect as their children grow.
- Use skills to help children be happy and healthy.
- Recognize and appreciate children's individuality.
- Respond more effectively when children misbehave.

Home visitors can increase parent knowledge of parenting and child development by:

- Supporting the development of strong parent-child relationships.
- Providing timely information to families about parenting skills and child development.
- Providing opportunities to try out new parenting strategies.
- Helping parents observe and recognize their children's development and abilities.
- Noticing and acknowledging when parents are attuned to children's needs and communicating effectively with their children.
- Using a strength-based approach to address parenting issues.
- Conducting regular developmental screenings.

4. CONCRETE SUPPORTS IN TIMES OF NEED

What it is:

Increasing resources parents can access to deal with challenges, frustrations, stress, and serious problems in their lives to help minimize stress caused by challenges.

It is important parents:

- Know what help is out there.
- Ask for help when they need it.
- Get what they need to keep their family healthy and safe.
- Help others when possible.

Home visitors can help by:

- Responding immediately when families are in crisis.
- Providing information and connections to other services.
- Helping families develop skills to identify their needs and connect with services
- Supporting caregivers in making changes to resolve ongoing issues.
- Exploring informal and formal support networks.
- Being a gateway to other services and supports a family may need.

5. SOCIAL-EMOTIONAL COMPETENCE OF CHILDREN

What it is:

Family and child interactions help children communicate clearly, recognize and regulate emotions, and establish and maintain relationships.

Caregivers help children develop social-emotional competence by:

- Responding warmly and consistently.
- Teaching "feeling" words.
- Allowing children to express emotions.
- Giving children attention for positive behaviours.
- Being a good role model.
- Giving the comfort, love, and respect children need.

Home visitors can help by:

- Supporting the development of strong parent-child relationships.
- Increasing parent knowledge of age-appropriate expectations and social-emotional development.
- Providing regular developmental screenings and responding quickly when social or emotional development appears to need support.

Small but consistent everyday actions make a big difference to helping children and families be strong, healthy, and safe. Strengthening protective factors ensures parents and caregivers have the strengths, skills, and supports needed to help children—and their families—thrive! ■

*Content adapted from Strengthening Families Protective Factors Framework© Center for the Study of Social Policy.

LEARN MORE:

South Region Parents as Teachers (PAT) is an in-home, parent education and early childhood development program in Southwest Alberta. South Region PAT is a certified International PAT Affiliate Program*. Contact: parentsasteachers@lethsd.ab.ca. Visit online at www.southregionpat.ca

*Parents as Teachers (PAT) Affiliate Programs utilize the PAT home visiting model, the most widely replicated evidence-based home visiting model in the world, to promote the early development, learning, and health of children by supporting and engaging their parents and caregivers. Parents as Teachers is formally affiliated with Strengthening Families™. Strengthening Families protective factors are embedded into PAT training, curricula, and approaches to working with families. Learn more about this comprehensive, high-quality home visiting model at <https://parentsasteachers.org>.

Find more information and free resources on the Strengthening Families™ Protective Factors, including the Strengthening Families Self-Assessment Tool for Home Visiting Programs, at www.strengtheningfamilies.net.

Center on the Developing Child, Harvard University: Building the Skills Adults Need for Life: A Guide for Practitioners,

<https://developingchild.harvard.edu/resources/building-skills-adults-need-life-guide-practitioners>.

Rose Boersma is the program manager at South Region Parents as Teachers in Lethbridge.



One Agency's Experience with Great Kids, Inc.

by Grande Prairie Family Education Society

How we started

When we took the Great Kids, Inc. (GKI) Integrated Strategies training, we built staff confidence and familiarity with the tools by incorporating practice sessions using the strategies as part of our weekly team meetings. We focused on one strategy per week until we had covered them all. We still review them from time to time. We also adopted the GKI worksheets into our practice. We use the case note format and the goals sheets exclusively—some of our favourite worksheets are “What I want for my family” and “Family values.” We also discuss the use of the tools during weekly supervision (which are being used, how are they being used, as well as successes and challenges).

Using the strategies

Using the strategies allows home visitors numerous avenues to provide support. They are used strategically to allow families to learn more about parenting, child development, attachment, and so on. However, it's not about being told what is right, but about experiencing and celebrating their own successes. These strengths-based tools bring to the caregivers' attention what they do well, which encourages them to keep trying.

What we love about the strategies are that they help us be purposeful in our work with families. They are non-judgmental and keep us focused, which helps the parents stay focused on the task at hand. They also help us to be supportive without being involved in crisis work.

We use the strategies in conjunction with other tools such as PICCOLO and Family Violence Protocol. It helps us to work on strengths and challenges with the parents and makes having tougher conversations easier as well.

Supporting families

“**Be Present and Connect**” is a fantastic tool for relationship building. The family feels important and heard. It starts each visit off setting the stage for open communication.

“**Accentuating the Positives**” (ATPs) are used most often and help support the strength-based approach to build trust with the home visitor and confidence in the parents. Strategic ATPs are used

less frequently and have proven an excellent way of allowing the home visitor to be mindful and plan positive ways of encouraging change.

“**Problem Talk**” is a great tool for addressing concerns and issues with families. It gives structure for conversation when parents are struggling. It helps them come up with a solution, which is integral in them following through with change, rather than the home visitor telling them what they need to do.

“**Explore and Wonder**” is helpful for families to have “aha” moments. Again, they get to see for themselves; we aren't giving solutions. It also helps families to see different perspectives.

Successes and challenges

When we asked staff about successes and challenges, they were unable to come up with challenges. The only thing suggested is that the agency needs to make supporting GKI a priority in preparing, practicing, and implementing the tools. Our success (and possibly why no one could come up with challenges) is that it has not only become a part of what we do, it is what we do. It is part of our supervision style practice, so we talk about the strategies all the time. Here are the main successes staff members have noticed:

- Families can see the difference it makes with relationships within their family.
- Positive changes happen and success occurs as a habit because the family has made the decision to support their child differently for the sake of the child.
- Parents “light up” when we can ATP them as they share their story.
- Rather than coming off as just a compliment, the strategies take what you notice a step further.
- Most parents share they weren't aware of things they were doing and how that supported their children until it was pointed out to them.
- Families enjoy when we talk about strengths and accept things that need work.

Learn more at www.greatkidsinc.org. ■

This was a joint effort with input from all the home visitation staff at Grande Prairie Family Education Society: Tanice Jones (team lead, 3 yrs), Keshia McLaughlin (home visitor, 1.5 yrs), Sierra Davis (home visitor, 2.5 yrs), Danielle Anderson (home visitor, 1 yr), Jackalee Ramsay (home visitor, 3.5 yrs), Brenda Lefebvre (home visitor, 7 yrs), Skye Hanshaw (home visitor, 6 mos), Heather Fordyce (home visitor, 4.5 yrs), Petrina Beale (home visitor, 4.5 yrs), and Wendy Blakely (home visitor, 1.5 yrs).

Opening the Door: Screening for Family Violence

by Family Services of Central Canada

Healthy Families home visitors are on the frontlines of services for young families. We are in homes, making contact, and building relationships with new parents soon after a new baby arrives into the family. While this can be an exciting time, it can also be very overwhelming and scary—stresses increase, along with exhaustion and frustration. Often with this big change and added stress, domestic violence can start, or if already existing in the relationship, can escalate.

Those experiencing domestic violence frequently don't know where to turn, are afraid, or may not even recognize that what they are going through with their partner is domestic violence. By offering an opportunity to disclose their concern or fear that they have in their relationship, we let the client know that it's okay to talk about this often taboo

topic, and that there is help for them and their family.

One home visitor, who wishes to remain anonymous, explains the thought process behind the intake procedure: "As an intake worker I am the first face that the family sees representing the Healthy Families program here in Central Alberta. When screening a family into the Healthy Families Program, we use the Calgary Regional Home Visitation Collaborative Postpartum Screening Tool. Since this is a screen that we use with all new families, it helps them feel less targeted and therefore, less defensive. This tool has three very direct questions about whether the mother is experiencing physical, emotional, or verbal abuse.

"I feel that even if a mother doesn't disclose to me during intake, that in asking these questions there is a seed being planted; a door is cracked open for her. It has been shown that a woman experiencing domestic violence needs to be presented with several opportunities to disclose. By providing the first opportunity at intake, we will have brought her closer to finding the help she needs to change her situation. When the home visitor begins working with the family and works on building their



connections

Coming up

The next issue of Connections will continue our focus on home visitation practice. If you would like to submit an article or resource for this topic, please contact the AHVNA office by January 15, 2020.

Hearing from you

Connections is published two times per year by the Alberta Home Visitation Network Association. We welcome comments, questions and feedback on this newsletter. Please direct any comments to Lavonne Roloff, AHVNA provincial director, by phone at 780.429.4784 or by email to info@ahvna.org.

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relationship, she can approach this topic knowing the client has already been exposed to the question of domestic violence at intake.”

A home visitor will have at least six contacts with a family before administering the Alberta Home Visitation Network Association (AHVNA) Universal Family Violence Screen. At this point, there is the beginning of a relationship and some trust built. There may be some circumstances where a screening may be delayed, but for the most part, this is the routine. A conversation is built around the screening, normalizing that this is done with all clients because most people have struggles of some sort, and abuse is common and takes on many forms. Those many types of abuse are named, and it is acknowledged that abuse can be hard to talk about. A specific question is asked: “Is there anyone close to you who sometimes makes you feel unsafe or scared?” The words “abuse” or “violence” mean different things to different people and is not used. In addition, the question, “Do you sometimes make the people close to you feel unsafe or scared?” is asked. By having this conversation, even if there

is no disclosure, the door has been opened, and hopefully the parent sees it as a safe conversation to come back to.

If the screen is negative, the door is left open; should the answers to these questions change, we are there to support. If the screen is positive, required reporting and documentation takes place. A safety plan is also completed and reviewed on a regular basis.

A Reactive Family Violence Screen is administered when the Home Visitor decides it is warranted. There may be a new partner, indicators of violence, new baby, etc. A Pregnancy Family Violence Screen is administered when a woman is, or becomes, pregnant. This screening should also take place six weeks after the baby is born, as this tends to be a time when family violence can escalate. ■

Submitted by Family Services of Central Canada, an agency in Red Deer Alberta that has a provincially-funded home visitation program. For more information, visit their website at www.fsca.ca.



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